

## Grip Test for Pseudoacetylcholine

TO THE EDITOR: Lee and Nagel in their article, "Abnormal Sensitivity to Succinylcholine—A Possible Obstacle to Nerve Repair," which appeared in the April issue, state, "no screening tests [for pseudoacetylcholine] have gained popularity, because they are costly, time-consuming, rarely rewarded and not readily available." I found this interesting because I developed a simple test many years ago.

The procedure for this "grip test" for pseudoacetylcholine is as follows: The patient's index and middle fingers are squeezed tightly by the doctor and the patient is told that this is a test that will not hurt. After three or four squeezes the patient is told to squeeze the doctor's index and ring finger of one hand tightly three or four times. The doctor then becomes aware of the tightness of the patient's grip. He next administers, intravenously, 2 mg of succinylcholine using a tuberculin syringe. He reassures the patient that there will be a mild dizziness or buzzing sensation in the face. At 20 seconds after administration of succinylcholine the patient is asked to squeeze the doctor's index and middle fingers once tightly to assess the degree of grip loss. This is repeated every ten seconds until the grip returns to normal at approximately 50 seconds postinjection. This test is carried out quickly, costs little and gives maximum results in one minute.

In the rare patient with a high titre of pseudoacetylcholine, the weakness of the grip may last from five to six minutes. Such a patient may require a few whiffs of oxygen.

In many thousands of electroshock treatments I have found only four patients who have required lower doses of succinylcholine due to a higher titre of pseudoacetylcholine. I have not required the use of any of the more esoteric tests available.

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## Controversy Over Nursing

TO THE EDITOR: The letter "Controversy Over Nursing" by E. R. W. Fox in the April 1977 issue was called to my attention early this month.

It's delightful to see an opinion that's less hysterical, more objective and certainly more optimistic than any I've seen or heard recently.

Medicine and nursing have always been the backbone of the health care team. Both professions have grown immensely in knowledge and responsibility. But we still need to work *together* for the benefit of the health care recipient.

I only hope there are enough clear thinking people like Dr. Fox in both professions to bring us through the storm with results that will benefit nursing, medicine and the patient.

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TO THE EDITOR: I want to take this opportunity to congratulate Dr. E. R. W. Fox on his insightful letter to the editor in the April issue. In my opinion he succinctly summarized some complex events of the past year and some glaring communication problems between our respective professions.

I appreciate the recognition of the potential contribution of well prepared clinicians in nursing. There are many fine nurses in Idaho who strive to develop collegial relations with physicians within a client-centered "marriage."

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## Avocados—A Parable

ONCE UPON A TIME the son of an eccentric inventor discovered a formula of his mother's, involving an emulsion of the avocado. Not being sure what to do with it, he cautiously approached several interested parties, including the Sons of the American Revolution and the Committee for Freedom of Choice in Automobile Accessories. A decision was made to sell the emulsion as an additive to the gas tank, with claims of longer mileage and smoother-running engines. This attracted the attention of the Automobile Manufacturers Association, the Federal Trade Commission, the Interstate Commerce Commission, gasoline companies, and automobile mechanics. The massive opposition by the automobile-transportation-industrial complex forced the promoters to change the label of their product to a preservative, to be sprayed on the dashboard. Word-of-